MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AS FILED AFTER I"AMENDMENT AFTER AS FILED 1 MANDRIMENT AFTER I"AMERIBMENT IND. 1 MANENDMENT DEP. IND. DEP. IND. DEP. IND. DEP. IND. | DEP. IND. DEP. <u>35</u> TOTAL IND A T TOTALEXO B T P TOTAL DEP **∳**¤ TOTAL DEP **€**¤ TOTAL. CLADAS PTOLISS OF STATE U.S. DEPARTMENT of COMMERCE

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